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OCTOBER 23, 2006

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LONG-TERM CARE COMMISSION MEETINGS
2007

CAPITOL VIEW
CONFERENCE ROOMS A-C
201 TOWNSEND
LANSING, MI

JANUARY 22, 2007

JULY 23, 2007

FEBRUARY 26, 2007

AUGUST 27, 2007

MARCH 26, 2007

SEPTEMBER 24, 2007

APRIL 23, 2007

OCTOBER 22, 2007

MAY 21, 2007

NOVEMBER 26, 2007

NOTE: This is the 3rd Monday due to the holiday

JUNE 25, 2007

DECEMBER 17, 2007

NOTE: This is the 3rd Monday due to the holiday

Dial-in number: 1-866-844-4957, Pass Code: 9656170#

DCH Contact:

Jackie Tichnell
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tichnellj@michigan.gov

ADRC/SPE Evaluation

Evaluation Consumers

- National Entities

- Administration on Aging

- State Entities

- Michigan LTC Commission
- MDCH
- Legislature
- Advocacy Groups

- Local Entities

- Area Agencies on Aging
- Local Non-profit and for profit agencies
- Service Providers

Goals for the Evaluation

● Process

- Provide information about strengths and challenges in implementation
- Provide information for future planning
- Assist in determining system gaps

● Outcome

- Determine success in reaching goals

Evaluation is a Practical Activity

- It seeks to provide information that is useful.
- Results from evaluation needs to be understood by all stakeholders so they can use the information to make decisions.

Challenges to the Evaluation of ADRC/SPE

- There are a large number of stakeholders.
- The stakeholders represent national, state, local and individual interests.
- There are constraints that will affect the implementation of the project that are outside the control of the project. (For example, financial constraints, availability of resources, etc)

Strengths Related to the Evaluation of ADRC/SPE

- There are a large number of stakeholders.
- The Michigan implementation falls in the third cycle of ADRC funding and there are lessons, as well as tools, from earlier projects.

The Evaluator's Role

- Facilitate a discussion of needs and goals for stakeholders.
- Assist to build a structure for the diversity of needs and goals for the evaluation.
- Assist in the selection of indicators and measures to meet the evaluation goals.
- Assist in the selection of methodologies to collect data.

System Evaluation Goals

- Are more people being served?
- Are people receiving good, reliable, unbiased, useful information to make informed choices?
- Are assessments being completed and eligibility determined within specified guidelines?

Consumer Evaluation Goals

- Can consumers (families, individuals) access the system with one call?
- Do consumers understand the information provided?
- Do consumers feel their needs have been identified and understood?
- Do consumers feel comfortable with their decisions?
- Are consumers satisfied?

Thank you.

Carol Barrett, PhD

So *What?* Planning and Evaluation

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Michigan's Money Follows the Person Demonstration Grant Proposal
Office of Long-Term Care Supports and Services
Michigan Department of Community Health
October, 2006

Current Transition Options. Michigan currently provides transition services as service within the MI Choice waiver for elderly and people with disabilities. This includes support coordination and assistance with setting up housekeeping and resolving other one-time financial barriers to returning to community living. In addition, MDCH contracts with The Disability Network to administer four staffing contracts for transition coordinators. Civil Monetary Funds are used for services when the individual does not transition to the MI Choice waiver.

Barriers. Numerous barriers inhibit the movement from nursing facilities to community living. The lack of affordable, accessible housing is a major barrier for many individuals. The level of funding for the MI Choice waiver makes it difficult to support individuals with complex or extensive needs. Also, as a relatively new service, many communities do not have providers with experience in transition services or the interagency relations with nursing facilities and other providers that are important for effective coordination of transitions.

Project Design

Planning. The MFP Demonstration grant provides an opportunity to engage consumers and other stakeholders in developing an “operational protocol” for Michigan’s transition services, i.e. a plan for resolving barriers ensuring the availability of effective transition services. It is also an opportunity to build the relationships and share the information necessary for effective community collaboration. The grant also requires participation in a national evaluation, which will be valuable to further development of policy and practices.

Transitions. Michigan’s plan will build on the current transition activity and address some of the barriers to providing transition services. The grant would allow Michigan to receive the enhanced federal funding for much of the current transition activity conducted by the MI Choice waiver. The enhanced funding will allow waiver agents to better meet the greater service needs of many of the individuals transitioned. The implementation would follow the 9-month planning period, with annual transition goals of 100 in 2007, 400 in 2008, 500 in 2009, 700 in 2010, and 800 in 2011. Total for the 5-year project: 2,500.

Housing. In order to address the housing barriers, the project will analyze the potential for adding to the MI Choice waiver the option to provide services in licensed settings. If this is a viable option, the necessary waiver amendment will be developed with implementation possible in 2009. The project will also support Housing Coordinator positions in the Single Point of Entry agencies. The positions would be phased-in from the four current SPEs to eventual statewide coverage. The Housing Coordinators would work with local providers, housing authorities and government entities to advance access to current options and the development of additional housing options.

Administration. The grant will include a Project Director, an Evaluation Analyst and a .5 FTE Administrative Support position. Funds will be available to support consumer participation in the planning and implementation phases of the project.

REQUIRED ATTACHMENTS (Final Version)
Money Follows the Person
DRAFT 10/23/06
State Profile and Summary of Project

Name of State: Michigan

Primary Contact Name and Title: Michael J. Head, Director, Office of LTC Supports & Services

Year of Demonstration: 2007-2011

Populations to be transitioned (unduplicated count)	Elderly	Mental Retardation/ Developmental Disability	Physical Disability (PD)	Mental Illness (MI)	Dual Diagnosis: (fill in)
Estimated number of individuals to be transitioned	1,250		1,250		
Statewide (SW) or Not Statewide (NSW)	Statewide		Statewide		
Qualified Institutional Settings*	A, B		A, B		
Qualified Community Settings**	A, B, C		A, B, C		
Qualified HCB Services	MI Choice waiver: Transition services, self-determination options, fiscal intermediary services, goods and services, homemaker, respite, adult day care, environmental modifications, transportation, medical supplies \$ equipment, chore services, personal emergency response systems, private duty nursing, counseling, home delivered meals, training, and personal care supervision. Home Help Program: State Plan personal care services		Same as “elderly”		
HCB Demonstration Services	None				

Populations to be transitioned (unduplicated count)	Elderly	Mental Retardation/ Developmental Disability	Physical Disability (PD)	Mental Illness (MI)	Dual Diagnosis: _____ (fill in)
Supplemental Demonstration Services	Housing Coordination Services		Housing Coordination Services		

* Please indicate one or more from the list. Do not list names of actual facilities. **a).** Hospital; **b).** Nursing Home; **c).** ICF/MR; **d).** IMDs)

** Please indicate if participants are moving to: **a).** Homes owned or leased by the individual or the individual's family member; **b).** Apartment with individual leases, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or individual's family has domain and control; **c).** Residences, in a community-based residential setting, in which no more than four unrelated individuals reside.

Budget and Maintenance of Effort (MOE) Forms

Money Follows the Person Demonstration Grant <u>Budget Estimate Presentation</u> Demonstration Funding Request						
Fiscal Year	Qualified HCBS program services (demonstration share at enhanced FMAP) *of ____%	Demonstration HCBS services (demonstration share at enhanced FMAP) **of ____%	Supplemental Demonstration Service Costs (demonstration share at regular FMAP) ***of ____%	Administrative Costs and Evaluation Costs (at 50% admin FMAP rate)	State Proposed Evaluation Costs (at 50% admin FMAP rate)	Total FY Estimated Funding Request
2007	\$1,514,714		\$132,444	\$242,750		\$
2008	6,459,040		407,862	714,400		\$
2009	8,506,325		543,816	860,000		\$
2010	12,514,390		679,770	1,152,000		\$
2011	14,994,200		815,724	1,298,000		\$
TOTAL:	\$43,988,669	\$	\$2,579,616	\$4,267,150	\$	\$50,835,435

*Total service costs for qualified HCBS program – State share

**Total service costs for demonstration HCBS services – State share

***Total Service Costs for supplemental elect services – State share

Money Follows the Person Demonstration Grant <i>Maintenance of Effort – Long-Term Care Services</i>		
Fiscal Year	% of Long Term-Care Institutional Expenditures	% of Long-Term Care HCBS Expenditures
2005		
2006		
2007	-----	-----
2008	-----	-----
2009	-----	-----
2010	-----	-----
2011	-----	-----

Only fill in cells that are blank and available. Other cells will be filled-in in future years. Data should correspond to detailed MOE chart that will be posted on Oct 23. .

October 28, 2006

Judith Norris
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
Mail Stop C2-21-15
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Norris:

Michigan's Long-Term Care Supports and Services Advisory Commission strongly endorses the state's proposal for a Money Follows the Person Rebalancing Demonstration Grant (HHS-2007-CMS-RCMFTP-0003). The Advisory Commission plays an essential role in long-term care system development in conjunction with the Michigan Department of Community Health and will be a key element of the project's planning and implementation.

The Commission was established by Governor Granholm through Executive Order 2005-14 issued to oversee the implementation of recommendations made by Michigan's Medicaid Long-Term Care Task Force. Those recommendations include an emphasis on consumer choice and implementation of *Money Follows the Person* funding principles to support choice.

This Commission is a central component in achieving the Task Force recommendation for greater consumer involvement in Michigan's LTC system evolution. Its role is central to developing a responsive customer-driven system of LTC supports and services. The seventeen-member Commission has a majority of members who are primary or secondary consumers. Service providers, direct care staff and the general public are also represented on the Commission. The Commission's charge includes review and comment on LTC policy, oversight of program quality monitoring, and participation in development of a comprehensive annual state plan. The Commission is expected to ensure broad public participation in planning, and serve as an advocate for improved access and quality in long-term care.

The Commission, therefore, will play an important role in Michigan's Money Follows the Person Grant. It will review and advise the Department during both the planning and implementation phases. The Commission will review and comment on grant progress reports, evaluation data and products.

Michigan is strongly committed to improving access, quality and sufficiency of long-term care supports and services. The Money Follows the Person Grant would enhance this state's capacity to support choice in long-term care. The Commission strongly encourages funding of Michigan's application.

Sincerely,

Marsha Moers
Chairperson

To: Marsha Moers, Jane Church, Jackie Tichnell

From: Sharon Gire, Chair of the Assisted Living Regulatory and Education Workgroup

Date: October 19, 2006

Subject: Update on work group activity

This is a submission of our workgroup's efforts to date. It is obviously a work in progress. The attached document is for discussion at Monday's Commission meeting.

MICHIGAN MEDICAID LONG TERM CARE TASK FORCE
RECOMMENDATION #4: STRENGTHEN THE ARRAY OF SERVICES AND SUPPORTS
(EXPANDING THE ARRAY OF OPTIONS)

Establish an accessible, integrated service system that assures those in need of supports and services have a range of options that allow them to live where they choose. Within an assessed level of needs, consumers should have a menu of services and settings to choose from based on their individual preferences. Service delivery should be coordinated with existing providers and payers, including private payers, and provided in a wrap-around capacity. In the case of persons who desire to work, this includes services and supports for vocational and employment activities.

Recommendations for State Activities from the Task Force	Progress of state agencies and policies	Next Steps for OLTCSS Commission	Timeframe
Ensure the availability of the health and long term care services and supports (listed on Chart 1) as part of an integrated system of care		Seek clarity on the intent of Strategy/Action Step 1. Was it that all the services listed be available through MA funding or are other gov't programs included?	
Amend the MI Choice 1915(c) waiver to allow the provision of waiver services to individuals residing in licensed assisted living settings (adult foster care homes and homes for the aged).	Waiver renewal due June 2007. Internal DCH workgroup being formed to develop renewal document.	Clarify the state statute that currently prevents waiver individuals from receiving services in licensed settings. Research opposition to allowing provision of WA services in licensed settings. Is it financial? Other? Develop strategy to address the opposition and affect policy change.	
Ensure that comparable Medicaid programs allow supports and services to follow consumers into their preferred living arrangement.	OLTCSS exploring opportunities available to states under the DRA/MFP that will provide enhanced federal match for 12 months for services provided to individuals transitioned from nursing facilities to community settings.	Identify variables in functional and financial eligibility criteria between funding sources. Eliminate differences to achieve consistency among programs. Amend MA State Plan.	

Recommendations for State Activities from the Task Force	Progress of state agencies and policies	Next Steps for OLTCSS Commission	Timeframe
Revise Adult Foster Care (AFC) and Homes for the Aged (HFA) rules and regulations to allow for the provision of home health care in AFCs and HFAs on an ongoing basis.	<p>Per DHS/Office of Children and Adult Licensing, there is no need to revise AFC or HFA rules to allow for the provision of home health care in AFC's and HFA's. Continuous nursing care, however, is currently allowed in AFC's and HFA's only within the realm of hospice care.</p> <p>Act 368 already requires the Department to not require a person to be moved from a HFA when provided with more than personal care, to allow the person to "age in place" if all concerned parties agree and the resident's care needs can be met.</p> <p>So it is only AFC's that currently are not allowed to have continuous nursing care if not a hospice patient and that would require more than a rule change, it would require a change in statute.</p>	<p>Determine whether issue is related to provision of continuous nursing care rather than the provision of home health care.</p> <p>Pursue modification of departmental policy and state statute to allow for ongoing provision of continuous nursing care in AFC and HFA settings in non-hospice situations.</p>	
Create a HFA statute separate from the Public Health Code	No activity to report.	Determine continued relevance. Is this issue addressed in the LTC continuum bill?	

Recommendations for State Activities from the Task Force	Progress of state agencies and policies	Next Steps for OLTCSS Commission	Timeframe
<p>Create an Assisted Living Regulatory and Education Workgroup to:</p> <ol style="list-style-type: none"> 1) study and propose modifications to existing AFC and HFA statutes and rules to ensure they meet stated philosophies and principles of quality and accountability, person centered planning, money follows the person, and availability of Medicaid reimbursement for services provided in assisted living. 2) Study the array of unlicensed assisted living arrangements. Determine whether existing licensing statutes are appropriately enforced. 3) Develop consumer education materials to raise awareness about the full array of assisted living services using clear distinctions regarding the applicable state regulations. 4) Determine the feasibility and appropriateness of developing a legal definition of “assisted living” to allay public confusion as to the meaning of the term and its current use in describing a wide variety of licensed and unlicensed settings. 	<p>No activity to report.</p>	<p>Identify a Commissioner to take a lead role in convening stakeholders to make recommendations to the Commission on these four items. At a minimum, stakeholder is defined as MCAL, MALA, MAHSA, DCH, DHS, SLTCO, consumer.</p>	

DRAFT Progress Report on Task Force Recommendations

Prepared 9.18.06

Recommendation # 8 Workforce Development: Michigan Should Build and Sustain Culturally Competent, Highly Valued, Competitively Compensated, and Knowledgeable LTC Workforce Teams that Provide High Quality Care within a Supportive Environment and are Responsive to Consumer Needs and Choices. Pages 21-22 of the Final Report of the Task Force.

<i>Recommendations for State Activities from the Task Force</i>	<i>Progress of state agencies and policies</i>	<i>Next Steps for OLTCSS Commission</i>	<i>Timeframe</i>
1. Develop within the Michigan Works! Agencies (MWA) network, recruitment and screening protocols and campaigns that meet the needs of employers and job seekers.	Several MWAs through either their Regional Skills Alliances (RSAs) or federal grants are exploring new uses of WorkKeys or new assessment tools, JobFit.		
2. Recast the state's Work First program to recruit, screen, train, and support individuals who demonstrate the desire, abilities, and commitment to work in LTC settings.	State (DHS and DLEG) is piloting new JET (Jobs, Education, & Training) program to replace Work First in four locations for 18 months. Connection to LTC sector unclear. For more info: http://www.michigan.gov/cis/0,1607,7-154-41500---,00.html		
3. Develop recruitment campaigns to attract men, older workers, people of diverse cultural backgrounds, and people with disabilities to long-term care	No progress identified.		

careers.			
4. Mobilize state agencies' activities to include the research, exploration, explanation, and promotion of career opportunities in long-term care.	<p>Some RSAs have created information on health care careers generally.</p> <p>DCH, DLEG, and DHS have agreed to create a general health care workforce center.</p>		
5. Improve and increase training opportunities for direct care workers (DCW) to allow for enhanced skill development and employability.	<p>With federal grant, training in adult abuse and neglect prevention is being offered to 11,000 workers who have "direct access" to LTC consumers or their financial information. To be completed in 9/2007.</p> <p>With federal grant, some home help providers are receiving training in dementia care.</p> <p>Traverse City based RSA is offering another round of dementia, body mechanics, and other 4 hours courses to DCWs in their 13 county service area.</p>		
6. Increase training opportunities for employers to improve supervision and create a positive work environment.	DCH has funded a round of training to build the capacities of CMHs to aide consumers who want to use consumer directed supports and be the direct "supervisor" of staff.		
7. Reduce the rates of injury and exposure to hazardous materials to protect the current workforce and encourage new workers to join this workforce because of the sector's safety record.	MiOSHA did outreach to LTC stakeholders to explain the MiOSHA offered grants for safety training. Unclear if any LTC specific trainings were funded or the applicability of funded trainings to LTC.		

8. Raise Medicaid reimbursement rates and other incentives so that the LTC workforce receives compensation necessary to receive quality care as defined by the consumer.	<p>Legislature and Governor approved:</p> <p>A. Home Help providers' salary rates to increase on 10/1/06 to a floor of \$7.00 per hour and other county wage rates that are already above \$7.00 to increase by \$0.50 per hour.</p> <p>B. A 2% increase to CMH boards for wage increase of DCWs in 2007.</p> <p>C. State earned income tax credit (EITC) for 2008 tax year.</p>		
9. Expand the ability of all long-term care employers and their employees, particularly their part-time employees, to access affordable health care coverage for themselves and their families.	<p>Work of federally funded State Planning Grant for the Uninsured completed. Recommends health care coverage for all Michigan residents.</p> <p>DCH is negotiating with federal government for a waiver to cover 550,000 uninsured residents whose income is below 200% of poverty. Michigan First Health Plan intends to offer a health insurance product.</p>		
9.1 State agencies should work collaboratively to identify standards and benchmarks ensuring that direct care workers are key partners and team members in providing quality care and supports.	No progress identified.		
10. Develop health professional	DCH has a proposal developed in conjunction with one RSA (Michigan Direct Care		

<p>curricula and reform current practice patterns to reflect the changing needs of the population. Recognize the unique needs of the elderly; people with chronic health problems; people approaching end-of-life; people of all ages with disabilities; and those in need of rehabilitative and restorative services across LTC and acute care settings.</p>	<p>Workforce Initiative) to “revised” the state’s Michigan Model curriculum to remove obsolete references (mercury thermometer, etc) from the training that must be taken to prepare to be a certified nursing assistant (CNA) in the state’s Medicaid certified nursing homes.</p> <p>The same group is exploring enhancing the CNA curriculum beyond the 75 hour minimum and the federal minimums for approving “trainers” and “programs.”</p>		
<p>11. LTC administration will track employment trends, including turnover rates.</p>	<p>No progress identified.</p>		

<i>Benchmarks</i> to measure State Activities from the Task Force	Progress of State Agencies and Policies	Next Steps for OLTCSS Commission	Timeframe
A. Measurable increase in LTC employer use of MWA services and in LTC employer hiring of Work First participants.	No progress identified. Not clear that system has capacity to track or measure change.		
B. More qualified Work First participants are recruited and successfully employed in the LTC industry, while continuing their education for entry into licensed occupations.	No progress identified. Not clear that system has capacity to track or measure change.		
C. Higher compensation packages and increased training opportunities.	<p>Compensation: Higher salaries, moving from a floor of \$5.15 an hour to \$7.00 and higher, for 45,000+ Home Help providers.</p> <p>Increased state funding earmarked for compensation for DCWs associated with CMHs.</p> <p>Training: 2,000+ direct access staff trained in abuse and neglect prevention.</p>		

	Several 100 DCWs in Traverse City area trained with MWA funding.		
D. Continuously and incrementally reduced turnover rates over the next decade.	No progress identified. System does not appear to have the capacity to track or measure change across the array of services.		
E. All people working in LTC have access to affordable health care coverage.	No new coverage opportunities created.		
F. Increased use of creative management and workplace practices.	DCH sponsored Facility Innovations Design Supplemental (FIDS) program has recruited as many as 75 Medicaid funded nursing homes to remodel or replace their facilities and to implement “culture change” activities over three years.		
G. Use of data and consumer satisfaction to inform a system of services, state policies, and employer practices that result in consumer-driven outcomes.	No progress identified but see other sections of the recommendations.		
H. Increased opportunities and incentives for LTC employers and their supervisory personnel to	See # 6 above. Progress limited to consumers who are supervising directly through consumer directed services.		

improve supervisory and leadership skills to create positive workplace environments and relationships to reduce turnover.	Also, see F above and the “culture change” possibilities in FIDS nursing homes.		
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October 23, Michigan Home Health Association

2140 University Drive, Suite 220, Okemos, Michigan

From I-96: Take Exit 110 (Okemos Road) north to University Park Drive East (large green sign - University Commerce Park). Follow University Park Drive to the curve. The building is on just before the curve.

From US 127: Take I-96 East (Detroit) to Exit 110. See above

From I-69 East: Take East Lansing/Haslett Exit to Marsh Road. Turn left (south) to Grand River Road. Turn right (west) to Okemos Road. Turn left (south), go past Jolly Road. You will see a large green sign - University Commerce Park on your left (west). Turn left. Follow University Park Drive to the curve. The building is on just before the curve.

From I-69 West: Take I-96 East. See above.

